

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046577

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1900

FILED JAN 2 1963

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO.

1/4/63

Burial 12/31/62

23a, b Removal 12/29/62

1/4/63

National & Springfield, Mo.

23c, d Albert Lea, Minnesota

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>5 years</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3117 W. Grand</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>BERNARD LEANDER MCGANN</b>		4. DATE OF DEATH Month Day Year <b>December 24, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/22/1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction Home Buildings</b>	
11. BIRTHPLACE (City and state or country) <b>Glenville, Minnesota</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Michael McGann</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tuoky</b>	
14. NAME OF HUSBAND OR WIFE <b>Gertrude McGann</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I., P.F.C.</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound in head</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>He was found in shed on rear of lot</b>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <b>12:00 P.M. 12/24/62</b>		back of his home. A shot gun was between his legs pointed at his face.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>shed behind home</b>	
20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, Missouri</b>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>11:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Reph H. Thieme</i> (Degree or title) <b>Greene County Coroner</b>		22b. ADDRESS <b>Springfield, Missouri</b>	
22c. DATE SIGNED <b>12/27/62</b>		22d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial-Removal</b>		23b. DATE <b>12-29-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Albert Lea National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
24. FUNERAL DIRECTOR <b>Ralph Thieme, 1200 Boonville</b>		25. DATE RECD. BY LOCAL REG. <b>12-28-62</b>	
26. REGISTRAR'S SIGNATURE <i>Effie E. Metten</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 2 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 5079

P. O. Address Spfld, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.